

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH										-62-017016	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3919											
FILED APR 25 1962											
1. PLACE OF DEATH											
a. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only)						Length of stay in lb		c. CITY OR TOWN		Inside Limits	
St Louis						DOA		Overland		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location)						Inside Limits		d. STREET ADDRESS (If outside, give location)		Reside on Farm	
City Hosp						Yes <input type="checkbox"/> No <input type="checkbox"/>		10111 Midland		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED											
First Middle Last											
ANTHONY LOMBARDO											
4. DATE OF DEATH											
Month Day Year											
Apr 13 1962											
5. SEX											
Male											
6. COLOR OR RACE											
White											
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>											
8. DATE OF BIRTH											
6/7/1898											
9. AGE (last birthday)											
63											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)											
Sales man											
10b. KIND OF BUSINESS OR INDUSTRY											
Produce											
11. BIRTHPLACE (City and state or country)											
Cincinnati Ohio											
12. CITIZEN OF WHAT COUNTRY											
USA											
13a. FATHER'S NAME											
Anthony Lombardo											
13b. MOTHER'S MAIDEN NAME											
Rose Russo											
14. NAME OF HUSBAND OR WIFE											
Mary Lombardo											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)											
No											
16. SOCIAL SECURITY NO.											
[REDACTED]											
17. INFORMANT											
Mary Lombardo Overland Mo											
18. CAUSE OF DEATH (Enter only one cause per line)											
PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a)											
Peripheral vascular collapse											
DUE TO (b)											
acute coronary occlusion											
DUE TO (c)											
Coronary Sclerosis											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)											
4201											
PART III. If deceased was female was there a pregnancy in last 90 days.											
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
20a. ACCIDENT SUICIDE HOMICIDE											
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
None											
20c. TIME OF INJURY											
Hour a.m. p.m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>											
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)											
20f. CITY, TOWN, OR LOCATION											
COUNTY STATE											
21. I attended the deceased from 4-25-60 to 4-13-62 and last saw him alive on 3-24-62											
Death occurred at 9:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title)											
William G. Hoehn D.O.											
22b. ADDRESS											
3301 Ruby Rd. - St. Ann.											
22c. DATE SIGNED											
4-13-62											
23a. BURIAL, CREMATION, REMOVAL (Specify)											
Removal											
23b. DATE											
4/16/62											
23c. NAME OF CEMETERY OR CREMATORY											
Calvary											
23d. LOCATION (City, town, or county)											
St Louis Mo											
24. FUNERAL DIRECTOR											
ADDRESS											
Ortmann F Home 9222 Lackland Overland Mo											
25. DATE RECD. BY LOCAL REG.											
APR 13 1962											
26. REGISTRAR'S SIGNATURE											
Earl Smith, M.D.											

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Sam Stipanovic
5088

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.